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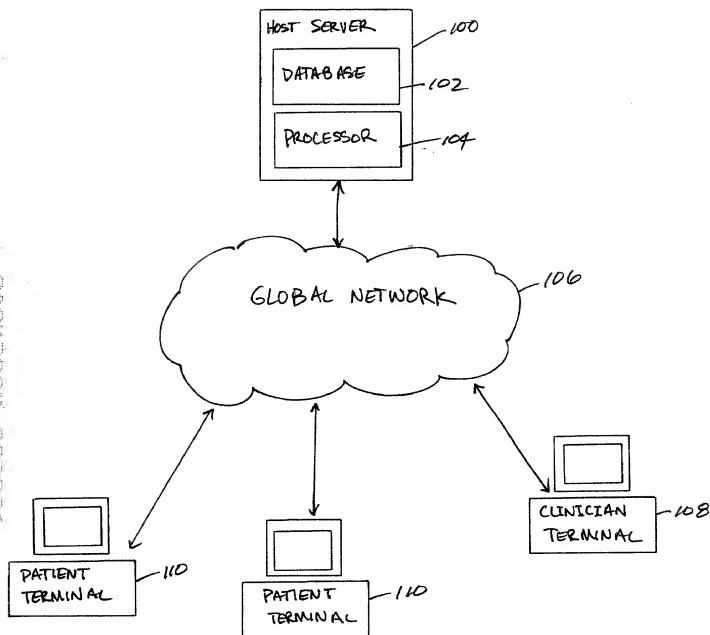


FIG. 1

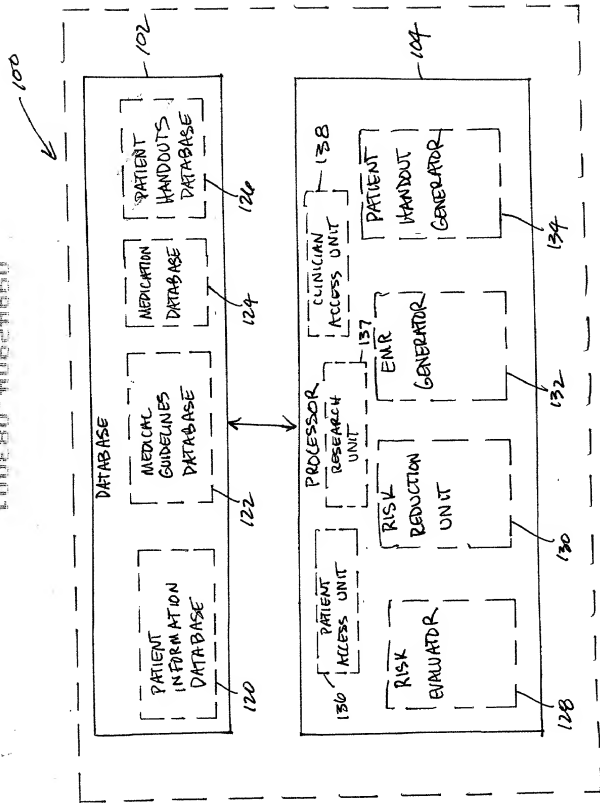


FIG. 2

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First Name

DOB (MM/DD/YYYY) ☒Phone Number

Address _____

State **Florida (FL)**

Country USA

Primary Care Physician

HDL (mg/dL)

Are You a Smoker? Yes ☐ No ☒

Are You Diabetic? Yes ☐ No ☒

BP (mm/Hg)	Systolic	<div><div></div></div>	Diastolic	<div><div></div></div>
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Treated for High BP? Yes ☐ No ☒

Height (inches)		2
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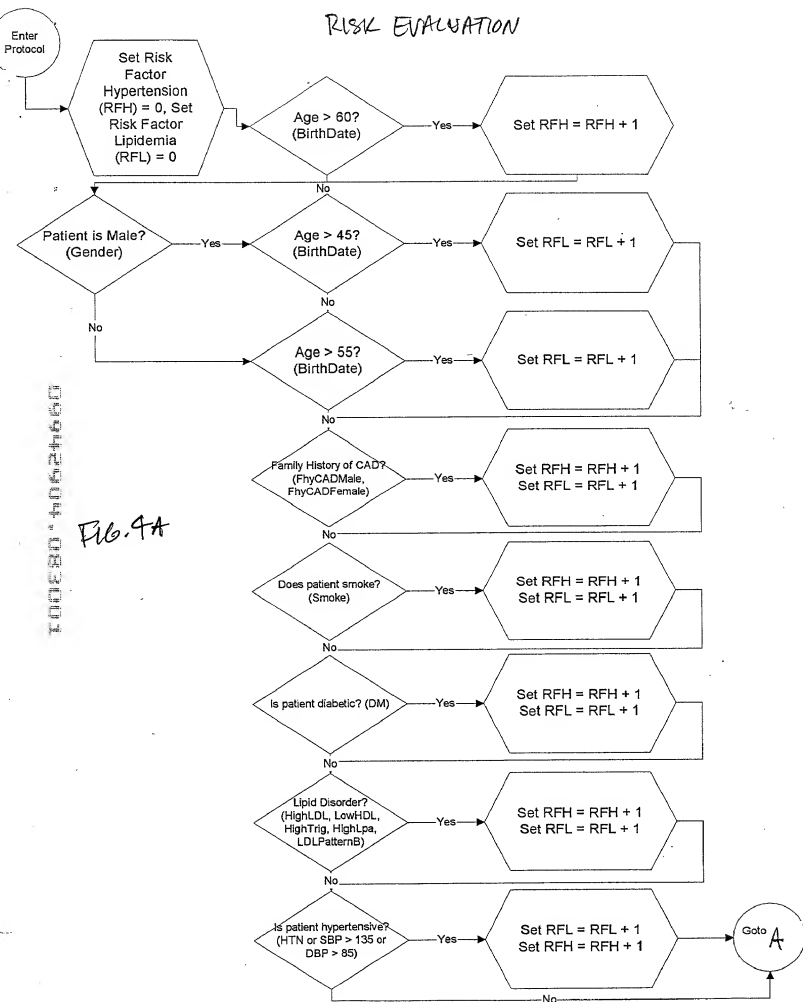
Weight (lb.) 

赤白痢疾

Back

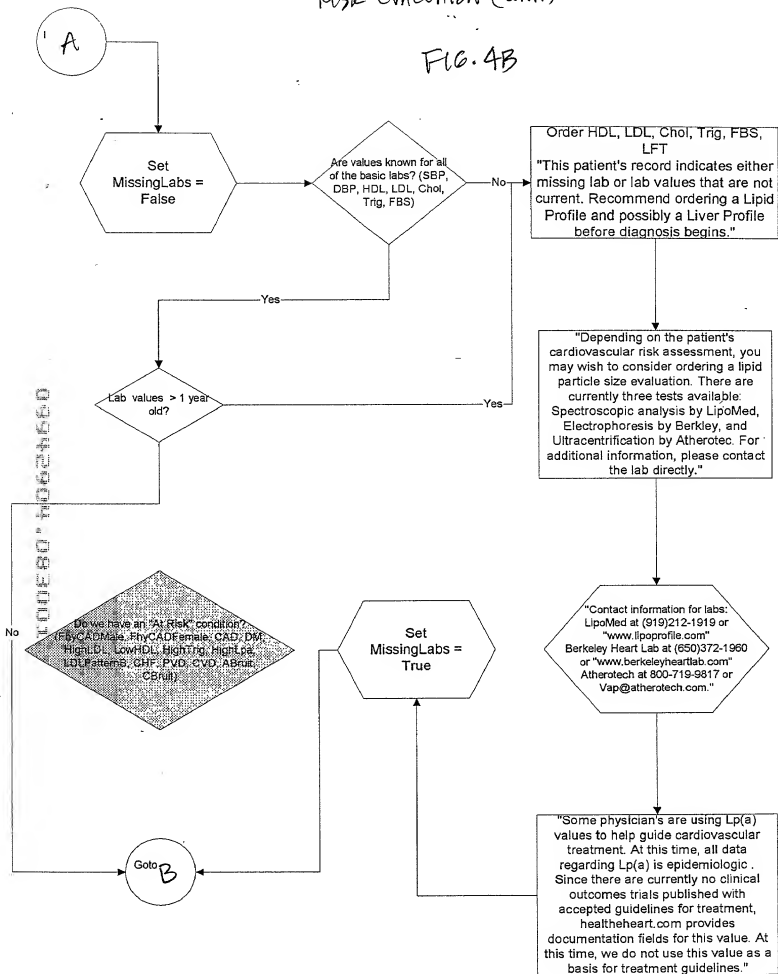
FIG. 3

RISK EVALUATION



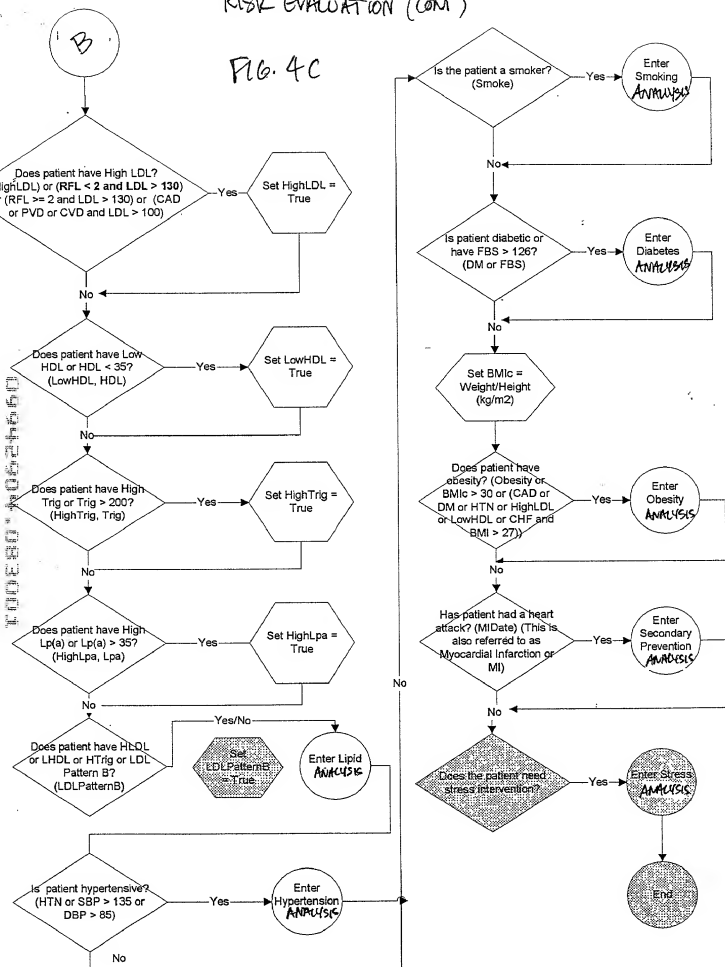
RISK EVALUATION (CONT.)

FIG. 4B



RISK EVALUATION (CONT)

FIG. 4C



1. Risk 8500 RT 10624660

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Calculated for: Gerard McGann

Age: 47

Sex: Male

Date:

August 15, 0000

Primary Care MD :

Based on your personal health indicators, your physician has computed your risk levels for heart attack based on the latest information from the Journal of the American Medical Association provided by the healthheart computerized assessment service.

10 Year Coronary Heart Disease Risk Assessment

Health Indicator	Value	Risk Points
Patient Age	47	3
Total Cholesterol, mg/dL	245	6
HDL Cholesterol, mg/dL (Protective Cholesterol)	32	2
Systolic Blood Pressure, mm Hg	160	2
Smoking	Y	5
Total Risk Points		18
Percent of Risk for Heart Attack (over the next 10 years)		30%

Reduction of risk points by two additional points would reduce your 10 year risk of heart attack to 25%

The BMI of the patient is 41.20

Risk Goal: 3

Fig. 5

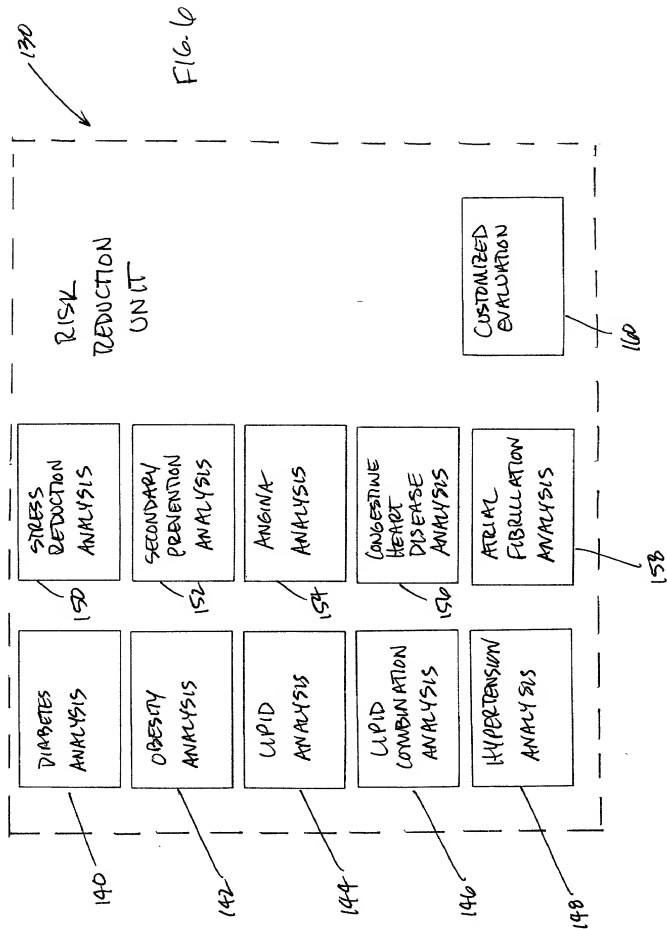


FIG. 7A

STRESS ANALYSIS

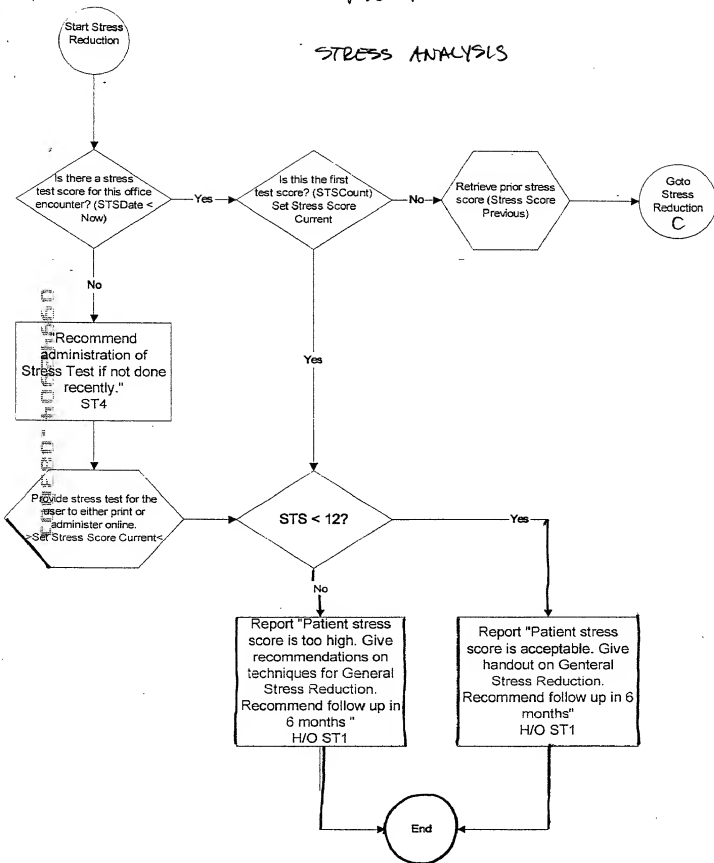
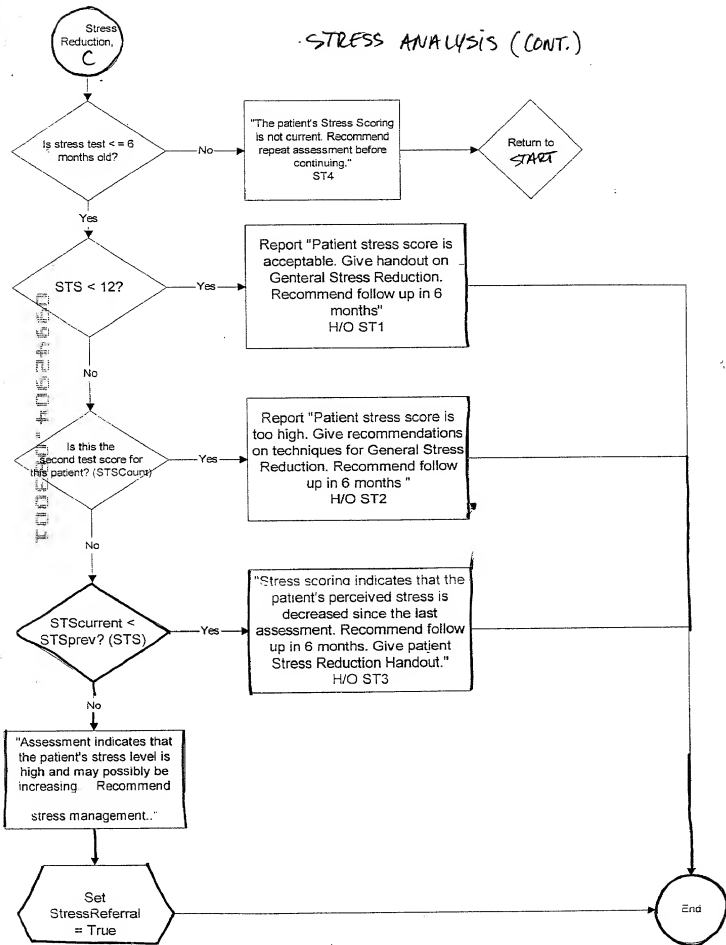


FIG. 7 B

STRESS ANALYSIS (CONT.)



> PATIENT INFORMATION
Doe John
Male, White/Caucasian
> VASCULAR HISTORY

• None
> PATIENT RISK FACTORS
• High LDL • Low HDL • Smoker • Hypertension • Obesity

> ADDITIONAL MEDICAL HISTORY
• None

> NATIONAL GUIDELINE RECOMMENDATIONS

• The record indicates that the patient has multiple conditions placing them at "borderline-high risk" for the development of, or increase in, cardiovascular disease.
• For these patients, the National Cholesterol Education Program (NCEP) recommends an LDL-cholesterol goal of less than 130 mg/dL.

modifications and follow up office visit in 4-6 weeks.

> PHYSICIAN INFORMATION

• Secondary Causes of Hyperlipidemia
• Secondary Causes of Obesity

> PHARMOCOTHERAPY RECOMMENDATIONS

• The LDL-cholesterol is above goal but not high enough to meet the NCEP criteria for pharmacologic therapy.
• Recommend initiation of dietary measures to reduce LDL-cholesterol, regular exercise, and lifestyle modification to help reduce cardiovascular risk.
• Repeat lipid profile testing in 4-6 weeks.

> DRUGS INITIATED

None at this time

> DRUGS PRIOR TO VISIT

GenericName	BrandName	DosageSchedule
	Ativan	0.5mg/prn
	Prilosec	20mg/qhs

> FOLLOWUP RECOMMENDATIONS

- Recommend patient increase HDL-cholesterol through initiation of dietary measures, routine exercise, and lifestyle modification.
- Follow up lipid profile recommended in 6 months unless other lipid risks warrant testing sooner.
- The record indicates that the patient is considered clinically obese and not currently on a treatment plan.
- Recommend patient education regarding diet, exercise, and lifestyle modification before beginning prescription therapy.
- Follow up office visit in 1 month.
- Advise patient that should seriously consider quitting smoking.
- Give follow up calls in one week and three weeks to patient's home

> PATIENT RECOMMENDATIONS

- Your physician has determined that you need medications to help manage your blood pressure. Take these medicines exactly as prescribed and continue lifestyle and diet modifications to optimize your medication routine.
- Recommend follow up office visit in 4-6 weeks and maintaining a blood pressure diary for your physician to review.

> PATIENT HANDOUTS

- Introduction to Cholesterol and Triglycerides
- Reducing Cholesterol Through Diet
- Low High Density Lipoprotein Cholesterol
- Increasing HDL
- Low High Density Lipoprotein With no Drug Therapy Required
- Obesity
- You Can Stop Smoking

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Close

Print for Patient

Print for Physician

Fig. 8B

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